Under the Personnel Reduction Act of 1866, no particular to respond to a contraction of information under 1 displayer a year Chill control without Approved for the through 10 1000 CMB ON 1003 U.S. PHI AND LINGSTHATE OFFICE; U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-878 . Bitedine December 6: 2004 Application of Docked Humber APPLICATION AS FILED - PARTI (Column 1) Coinin 21 SMALL ENTITY OTHER THAN **OR** SMALL BHTITY FOR HUMBER FLED HUHBER EKIRA HASIO FEE BATE (\$1 37 CFA 1 1811 18 @ (61) FEELI WA RATE (1) HIA EÉUN SEARCHFEE HVA 150,00 (31 OFA 1 16/4. 14. 04 1911 ŇIA NVA . 00,00E H/A (\$3 CEU I IND IN ON IN). EXYMINATION LEE NA \$250. NIA NX \$600 NA TOTAL CLAIMS NUL \$100 127.CFR | 1610) NA \$200 MHACH 20 . INDEPENDENT CLAIMS X\$ 26 X\$50 CH I IGNI ÓR \* Crumm X100 Of beeaxe agriment bus not solitoge entitle X200 APPLICATION SIZE sheels of paper, the application size tes due FEE THE CFR LIGHT ts \$260 (\$128 for small entity) for each additional 50 sheets or tradion thereof, See 35 U.S.O. 41(8)(1)(G) and 37 CFR 1.16(4). MULTIPLE DEPENDENT CLAIM PRESENT (37 CER I 1641) +180= 4960± \* It the difference in column 1 is less than zero, enler "O" in column 2. TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column t) (Column 2) (Column 3): CLAIMS REMAINING AFTER OTHER THAN SMALL ENTITY OR HIGHEST NUMBER PRESENT AMENDMENT RATE (1) PRÉVIOUSLY ADO) TIONAL FEEATI LEHOMENT RATE(\$) PAID FOR pi cra Linu Minus TIONAL X\$ 25 hisependent Minus X\$50 **OR** X100 Application Size F46 (37 CFR 1.16(6)) X200 Ofi FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM DI CFR 1.140) +180≈ +360= OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Column 1) OLAIMS REMAINING (Column 2) Column 3) HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT AFTER. MENOMENT RATE (1) ADDI-TIONAL EXTRA RATE (\$) ADOI-TICHAL FEE (1) profiled Minus FEE (1) X\$ 25 tropendent. Minue 101.,. X\$50 ØЯ X100 Application size F40 137 OFR 1.16(0) X200. OA. furt presentation of multiple dependent claim (at CFR 1.160) +180a +860± ØŔ TOTAL

If the entry in column 1 is been than the entry in column 2, write 'T' in column 3.

If the "Highest Number Previously Paid For" IN THE SPACE is less than 20, enter '20".

The "Highest Number Previously Paid For" IN THE SPACE is less than 3, enter '20".

The "Highest Number Previously Paid For" IN THE SPACE is less than 3, enter '20".

In obtain of information is required by 37 CFH 1.16. The information is required to obtain of retain a benefit by the public which is to the land by the bottom of information. Combined in the potential by the public which is to the land by the buding pathedry, preparing, and submitting the completed application to the uppro. The upper of the information of the you require to complete this form and/or suppedions for reducing this burden, should be sent to the Individual case, Any commission of the you require to complete this form and/or suppedions for reducing this burden, should be sent to the Individual case, Any commission of the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22318-1450. DO NOT SEND FEES ON COMPLETED FORMS TO THIS ORBES. SEND TO I Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.